

Course of Construction Questionnaire

Applicant Information:

1. Applicant's Name: _____
2. Mailing address: _____
3. City: _____ State: _____ Zip: _____
4. Form of Business: Individual Partnership Corporation Joint Venture
 Other _____
5. Has any interested parties ever filed for bankruptcy Yes No
If Yes, who and when?: _____
6. Contractor Name: _____
7. License # _____ 8. Years in Business: _____
9. Homebuilder Commercial General Contractor Remodeler
10. Loss Experience for last 3 years: None Other _____
11. Number of Structures Built/Remodeled in past 12 months: _____
12. Estimated Gross annual Receipts: _____
13. Estimated Cost of Subcontractors: _____
14. Does the Contractor carry Commercial General Liability Insurance: Yes No

Property Location:

15. Property Street Location: _____
16. Property City: _____ State: _____ Zip: _____
17. Protection Class: _____ 18. Is property in or near a brush hazard area: Yes No
19. Has the land ever been used as a dump or landfill: Yes No

Type of Construction:

- 20.. Frame Joisted Masonry Non-Combustible Fire Resistive

Type of Construction (continued...)

21. Roof Construction: Shingle Composite Tile/Metal Other _____

22. Floor Construction: Wood Cement Other _____

23. Number of Stories: _____ - 24. Estimated Inception Date of Job: _____

25. Commercial or Residential 26. Square footage : _____

27. Total number of Units/Structures: _____ 28: Intended Occupancy: _____

29. Type of work: New ground-up construction Addition Remodeling

Completion of a partial unfinished building*. 29a*. Percentage of Building complete: _____%

29b*: Value of building partially completed:\$ _____

29c*: Length of time structure has been partially completed: _____

29d*: Has structure been continuously insured since inception of construction: Yes No

29e*: If No, How long has the structure been uninsured?: _____

29f*: Please provide explanation as why structure is partially unfinished: _____

Protections:

30. Type of Security: Fenced Lighted (Guard) 24 hrs PM only None

31. Is there a working fire hydrant less than 1000' from structure?: Yes No

32. Is the distance to Fire Department less than 5 miles?: Yes No

33. Sprinklered? Yes No If yes, at what % of Const. Will it be activated?: _____%

Requested Limits:

34. Limit (Completed Value): _____ 35. Deductible: _____

36: Valuation: Replacement Cost Actual Cash Value

Requested Limits (continued....)

37. Form: All Risk Broad Form Basic

38. Term One year Other _____

Applicant's Signature

Date

Producer's Signature

Date